Therapy TAC Agenda

May 11, 2021

8:30 meeting on zoom

Review and approval of March Minutes

Old business:

1. Issues with United Health care: Main concerns: 1. How often drs have to sign script and POC- We are having issues with Drs offices being swamped and not wanting to sign POCs in a timely manner. 2. I am really concerned if they state a child will not get OT, PT, ST services if they get services in a school setting. We all know that school and medical therapy setting is different. IN meetings with United, they stated they were going to follow KY medicaid policy, but the KY website for United had different requirements in December.
2. Cotivity -- TPA for Wellcare and Humana : initially removing 59 modifier and refusing to pay for billed codes. Now seeing this from Anthem, Passport. This is reducing reimbursement by 50%. CMS reversed many of these
   97110 with 97164
   97112 with 97164
   97113 with 97164
   97116 with 97164
   97140 with 97164
   97150 with 97164
   97530 with 97116
   97530 with 97164
   99281-99285 with 97161-97168
   97161-97163 with 97140
   97127 with 97164
   97140 with 97530
   97530 with 97113

3. Was the 2020 fee schedule reduced? Specifically, 97530 (1 unit) = $24 = $96 That's what we were getting in 2020. Currently, the fee schedule shows:97530 = $23.62 = $94.48 see attached comparison
4. Aetna Better health - OT and ST providers bill testing codes 96112, 96113 as part of the evaluation/assessment process. The use of these codes, along with the appropriate discipline evaluation code, are clinically appropriate. Aetna Better Health is requiring Prior Authorization for these codes. Per Medicaid/MCO guidelines, authorization is not required for an evaluation. These codes ARE the evaluation (96112 - Developmental and Behavioral Screening and Testing). A standardized assessment is a critical component of the therapy process and that is exactly what the use of the codes is for - administration of standardized assessments.
5. Wellcare's use of Interqual for UM is severely impacting Speech Therapy Prior Authorizations. 90 day auth periods have been the standard. All ST PAs we're receiving are for 30 days MAX. Are Interqual criteria being misinterpreted? That timeline may be appropriate for acute care - we are providing pediatric, habilitative services and 30 days is clinically inappropriate and burdensome to providers.

New Business:

1. Administrative burden document attached per request of DMS. These are general issues that continue to happen even as we try to address each one with each MCO.
2. Credentialing question for temporary coverage. Can temporary PRN staff be hired and billed under supervisor? We are requesting provision of this.
3. Aetna Better Health - Automatic PA for 1 visit for initial evaluation. Currently if a child is referred for an eval but therapist does not recommend ongoing tx they automatically deny the requested 1 visit.
4. UHC does not currently have a process for retro PA when the Cabinet decides to back date a child who is assigned to UHC. We have one now who has been straight KY Medicaid, just got back dated to 4/1/2021 this week assigned to UHC. We have no way to proceed and have notified UHC.

Other issues: ? From members and public

Recommendations to MAC